

**MULTIPLE DEPENDENT** IM  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

APPLICANT(S)

504237

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	23					

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